CHW by name and in 49.8% and (31%) of the cases he had visited the women within the last 4 weeks.

LENGTH OF STAY / BCG SCAR / EPI CARD

In Kohat District, 5.8% of the refugees interviewed had been living in the refugee villages for 1 - 3 years, 35.2% for 3 - 6 years and 59% for 7 or more years. Of the children surveyed, 69% had a BCG scar and 73.4% had an EPI card which was produced on request.

In Kurram Agency, 2.4% of the refugees interviewed had been living in the refugee village for 1 - 3 years, 9.1% for 3 - 6 years and 88.5% for 7 or more years. Of the children surveyed, 47.8% had a BCG scar and 44% had an EPI card which was produced on request.

5 DISCUSSION

5 i PREGNANCY

The large proportion of women who did not consult anyone during their last pregnancy (50.6% (34.2%)) indicates the need for increased education in the community on the benefits of antenatal care. This is further substantiated by the fact that the majority of women who did consult somebody went for the treatment of illness and not for a routine antenatal check.

Of those who did seek antenatal care, the majority of women in Kohat, Bajaur and Badaber attended the BHU. In Kurram however, the majority (59.2%) attended private doctors. At the BHUs in Kohat and Kurram, more women saw the LHV/Dai, but in Bajaur and Badeber, more saw the MO in the BHU. The higher numbers seen by the LHV/Dai in Kohat may be due to the better coverage of LHVs in Kohat District than in the tribal areas, but it remains that in Kurram, private doctors are consulted most often for antenatal problems. In Badeber, the higher attendance at the BHU may be explained by the presence of a Female MO and larger numbers of LHVs.

Although the majority of women had heard of Tetanus Toxoid (TT) vaccination during pregnancy (77.5% (72.7%)), the numbers able to show a vaccination certificate were less (62.4% Kohat, 44.2% Kurram). Few women were aware of the purpose of the injection, except that it was good for the mother and baby. Some women thought it prevented all diseases. The coverage was not determined in Bajaur and Badeber, however in Kohat, the TT coverage was significantly more than in Kurram both in initial and subsequent doses (2nd Dose 24.3% as compared to 9.1%). There is a definite need for more education on TT vaccination and particular emphasis on the importance of follow up doses.

5 ii LABOUR AND DELIVERY

Regarding practices during labour and delivery, more emphasis should be given to nutritional habits prior to and during labour. Many women stop eating and drinking at the very first sign of labour or even when the they feel it is approaching. This can lead to exhaustion and prolonged labour.

The vast majority of women are delivered by an untrained attendants (83% (80.9%)), with a substantial number delivering alone (7% (9.4%)). There is a definite need for increased numbers of trained attendants who are accessible to the women.

A knife is most frequently used to cut the umbilical cord (64.7% (63.4%)). As it is unlikely that a knife can be cleaned adequately, the risk of neonatal tetanus is substantial. The use of a sterile razor blade should be encouraged.

Similarly a substance is applied to the umbilical stump in a large number of cases (36.3%), especially in Bajaur (66.6%). The substances applied included ghee, coal, cicatrin powder, traditional herbs and in a few cases animal dung. Where these substances had been applied, the delivery had been attended by untrained persons in almost all of the cases (96.2% Kohat, 100% Kurram).

In the majority of cases the third stage of labour was completed within 30 minutes, and nothing was given to aid expulsion of the placenta. Due to difficulties in estimating the amount of blood lost at delivery, the information on blood loss was based on the woman's impression as to whether the amount was normal, less or excessive. Even accepting the unreliability of this data and the probability of an exaggerated figure being given, there were considerable numbers reporting excessive loss.

Of those women who were given something to aid the delivery of the placenta, with the exception of Kohat, the aid was given by untrained persons in the majority of cases.

5 iii POSTNATAL

The number of women who consulted somebody in the post-natal period (29.6% (53.2%)) was even less than during the antenatal period. Of those who did seek help the majority in Kurram and in Kohat consulted private doctors. There is a strong need to educate the communities regarding post-natal care as this time is critical not only to check the mother and baby, but also to teach the correct practices re feeding, immunisation and child care. This is also the time when many families are receptive to discussion on child spacing.

Regarding feeding practices, gur/ghutti (traditional mixtures of sugar/honey and herbs) is given as the first feed in a large percentage of cases (57.3% (44.6%)). This is traditionally given by a chosen person as a form of good luck for the baby. This practice is probably not sufficient to interrupt milk supply for babies as it is a very small amount given once.

A considerable number of babies are not put to the breast within the first day (29.9% Kohat, 29.2% Kurram, 24.9% Badaber) and especially in Bajaur (74.3%). In Bajaur 45.3% of the babies were not put to the breast until the third day. Also a considerable number of women believe that colostrum is harmful for babies and discard it (23.4% (22.1%)). Although the majority of babies are breast fed, there is a practice to compliment the breast with artificial milk (10.5% in both Kohat and Kurram). Weaning foods are introduced later than recommended in 70.5% (Kohat) and 76.9% (Kurram) of the cases. There is a need for more education regarding feeding practices, particularly concerning colostrum, complimentary feeding and weaning times.

5 iv GENERAL

Due to the substantial number of babies who cannot leave their compounds before the completion of the 42 day period (48.6% Kohat, 39.2% Kurram) it would seem that BCG vaccination must be performed in the homes to achieve acceptable coverage.

Regarding the management of diarrhoea, medicines are included in the treatment in the majority of cases (87% Kohat, 88.6% Kurram); more frequently than ORS (69.7% Kohat, 36.2% Kurram). Although many women had heard of ORS (80.2%) only a much smaller percentage could make it up correctly (35.1%). In Bajaur (46.6%) and Badaber (45.1%) there were significantly more correct answers than in Kohat (23.3%)and Kurram (25.4%). This may be partly due to the presence of trained male CHWs in Bajaur and Badeber as opposed to Kohat and Kurram where the training had not yet been started. It is noticeable in Kohat that a significant number of women had learnt to make up ORS either through the Radio or through relatives rather than through health professionals. The fact that the majority of women make up the solution themselves in their homes, indicates the need to concentrate training on the women rather than other family members.

Very few women had heard of salt sugar solution (Kohat and Kurram) and of these a tiny percentage could make it correctly. This is partly due to the lack of training in SSS in these areas as CHS and /CHWs had not been trained at that time. This question was not included in the Bajaur and Badaber questionnaire.

In Bajaur and Badaber where CHSs and CHWs had been trained the majority of women knew their health worker by name (86.7% Bajaur, 69.2% Badaber). However the number of women who had seen them in

the last 4 weeks (49.8% and 31%) may reflect a limitation on male health workers visiting the women in the houses due to the observance of purdah.

6 RECOMMENDATIONS

1 The areas requiring particular emphasis during training are:

Pregnancy	- Tetanus Toxoid immunisation - Reasons for ante-natal care
Labour/Delivery	- Delivery by a trained attendant - Management during labour - Fluids/food - Instrument to cut the cord - Care of the umbilical stump
Post-natal	- Reasons for post-natal care - Feeding practices + weaning - Management of diarrhoea

2 It is recommended that a follow up survey consisting of a limited number of specific questions be performed, to be used as an indication of impact following the training of FHSs and FHWs. I would suggest that the following indicators are included:

- numbers receiving ante-natal care from the BHU
- TT status of mother
- numbers delivered by a trained birth attendant
- instruments used to cut the umbilical cord
- applications to the umbilical stump
- when breast feeding/weaning food introduced
- immunisation status of child
- whether mother can make up ORS solution

This survey should be conducted by independent persons in areas covered by the FHW programme, interviewing women with children under one year without the presence of the FHW. The women to be interviewed would be identified by random selection from the families of randomly selected FHWs. It is suggested that UNHCR be approached re the possibility of the UNHCR survey team conducting this survey.

APPENDIX 1

	KOHAT (1) (255)		KURRAM (2) (210)		BAJAUR (3) (308)		BADEBER (4) (392)	
CONSULTATION DURING PREGNANCY	**NO**	**%**	**NO**	**%**	**NO**	**%**	**NO**	**%**
NONE	131	(51.4)	130	(61.9)	130	(42.2)	134	(34.2)
CONSULTED FOR								
ADVICE	2	(1.6)	3	(3.6)	28	(15.7)	51	(19.8)
TREATMENT	90	(72.6)	61	(76.3)	148	(83.1)	88	(34.1)
BOTH	25	(20.2)	9	(11.3)	2	(1.1)	119	(46.1)
FOR VACCINATION	7	(5.6)	7	(8.6)	–		–	

In Bajaur and Badeber vaccination was not a separate option and was included in ADVICE when given as an answer.

WHOM SEEN	**1**		**2**		**3**		**4**	
HOSPITAL	3	(2.5)	7	(9.2)	14	(8.1)	4	(2.0)
BHU MO	3	(2.5)	6	(7.9)	76	(43.9)	143	(54.4)
BHU LHV/DAI	73	(59.8)	16	(21.1)	49	(28.3)	105	(39.9)
UNTRAINED DAI	1	(0.8)	0		0		2	(0.8)
PRIVATE DOCTOR	34	(27.9)	45	(59.2)	8	(4.6)	3	(1.1)
OTHER	8	(6.6)	2	(2.6)	26	(15.0)	5	(1.9)

Other includes Traditional Healers and relatives.

KNOWS OF VACCINE IN PREGNANCY	**1**		**2**		**3**		**4**	
NO	59	(23.0)	40	(19.1)	75	(24.4)	107	(27.3)
YES	197	(77.0)	169	(80.9)	232	(75.6)	285	(72.7)

TETANUS TOXOID CARD SEEN	**1 (KOHAT)**		**2 (KURRAM)**	
NO CARD	96	(37.6)	116	(55.8)
ONE DOSE	36	(14.1)	57	(27.4)
TWO DOSES	62	(24.3)	19	(9.1)
THREE DOSES	43	(16.90	12	(5.8)
FOUR DOSES	14	(5.5)	4	(1.9)
FIVE DOSES	4	(1.6)	0	

NUTRITION DURING LABOUR	1 (Kohat)		2 (Kurram)		3 (Bajaur)		4 (Bad)	
DRINK	140	(54.7)	93	(44.5)	183	(59.4)	266	(67.9)
EAT	75	(29.5)	69	(33.2)	162	(52.5)	112	(28.6)

ATTENDED LAST DELIVERY	1		2		3		4	
NOBODY	19	(7.5)	19	(9.1)	16	(5.2)	37	(9.4)
BHU LHV/DAI	5	(2.0)	1	(0.5)	1	(0.3)	4	(1.0)
TRAINED DAI	15	(5.9)	5	(2.4)	3	(1.0)	18	(4.6)
UNTRAINED DAI	39	(15.4)	31	(14.8)	24	(7.8)	126	(32.1)
FAMILY MEMBER	153	(60.2)	134	(64.1)	259	(84.1)	191	(48.7)
PRIVATE DOCTOR	1	(0.4)	7	(3.3)	4	(1.3)	1	(0.3)
HOSPITAL	18	(7.1)	2	(1.0)	1	(0.3)	15	(3.8)
OTHER	4	(1.6)	10	(4.8)				

INSTRUMENT TO CUT THE CORD	1		2		3		4	
KNIFE	134	(52.3)	157	(74.8)	210	(68.2)	249	(63.4)
SCISSORS	31	(12.1)	8	(3.8)	10	(3.2)	24	(6.1)
RAZOR BLADE	90	(35.2)	35	(16.7)	83	(26.9)	116	(29.5)
OTHER	1	(0.4)	10	(4.8)	5	(1.6)	4	(1.0)

APPLICATION TO CORD	1		2		3		4	
NO	176	(68.8)	108	(51.4)	103	(33.4)	262	(67.7)
YES	79	(30.9)	102	(48.6)	205	(66.6)	131	(33.3)

PLACENTA DELIVERED AFTER	1		2		3		4	
0 - 25 MINS	197	(77.6)	141	(67.5)	181	(59.0)	310	(79.1)
30 - 59 MINS	37	(14.6)	45	(21.5)	92	(30.0)	61	(15.6)
60 - 119 MINS	12	(4.7)	15	(7.2)	23	(7.5)	15	(3.8)
120 + MINS	5	(2.0)	5	(2.4)	11	(3.6)	6	(1.5)

AID GIVEN TO DELIVER PLACENTA	1		2		3		4	
NONE	211	(82.7)	149	(71.3)	256	(86.2)	334	(90.0)
INJECTION	19	(7.5)	22	(10.5)	21	(7.1)	24	(6.5)
TABLET	2	(0.8)	5	(2.4)	7	(2.4)	8	(2.2)
TRAD. MEDCINE	16	(6.3)	2	(1.0)	13	(4.4)	4	(1.1)
OTHER	7	(2.7)	31	(14.8)			1	(5.6)

WHO GAVE THIS AID	1 (Kohat)	2 (Kurram)	3 (Bajaur)	4 (Bad)
FAMILY	12 (29.3)	41 (68.3)	9 (25.7)	4 (12.1)
BHU LHV/DAI	3 (7.3)	2 (3.3)	3 (8.6)	2 (6.1)
UNTRAINED DAI	6 (14.6)	6 (10.0)		
HOSPITAL	15 (36.6)	2 (3.3)	2 (5.7)	8 (24.2)
OTHER	5 (12.2)	8 (13.3)	2 (5.8)	5 (15.2)
BHU MO		1 (1.7)	5 (14.3)	1 (3.0)
PRIVATE DOCTOR			14 (40.0)	13 (39.4)

BLOOD LOSS AFTER DELIVERY	1	2	3	4
LITTLE	45 (17.7)	40 (19.0)	32 (10.4)	65 (16.6)
NORMAL	117 (46.1)	66 (31.4)	168 (54.7)	185 (47.3)
EXCESSIVE	90 (35.4)	104 (49.5)	107 (34.9)	141 (36.1)

POSTNATAL CONSULTATION	1	2	3	4
NONE	176 (68.8)	161 (76.7)	208 (67.5)	183 (46.8)
ADVICE		1 (0.5)	21 (6.8)	43 (11.0)
TREATMENT	73 (28.5)	48 (22.9)	78 (25.3)	96 (24.6)
BOTH	6 (2.3)		1 (0.3)	69 (17.6)

WHOM SEEN	1	2	3	4
HOSPITAL	3 (3.7)	1 (2.1)	17 (17.2)	7 (3.3)
BHU MO	8 (9.9)	9 (19.1)	25 (25.3)	91 (42.7)
BHU LHV/DAI	26 (32.1)	5 (10.6)	23 (23.2)	65 (30.5)
PRIVATE DOCTOR	40 (49.4)	29 (61.7)	11 (11.1)	10 (4.7)
OTHER	4 (4.9)	3 (6.4)	23 (23.2)	40 (18.7)

BABY'S FIRST FOOD	1	2	3	4
BREAST	130 (51.2)	116 (55.2)	68 (22.1)	167 (42.5)
WATER	13 (5.1)	2 (1.0)	1 (0.3)	51 (13.0)
GUR / GHUTTI	111 (43.7)	92 (43.8)	239 (77.6)	175 (44.6)

COLOSTRUM GIVEN	1	2	3	4
NO	48 (18.8)	45 (21.5)	88 (28.6)	87 (22.1)
YES	207 (81.2)	164 (78.5)	220 (71.4)	306 (77.9)

WHEN PUT TO THE BREAST	1 (Kohat)	2 (Kurram)	3 (Bajaur)	4 (Bad)
< ONE HR	60 (23.5)	29 (13.9)	12 (3.9)	28 (7.2)
1 - 6 HRS	90 (35.3)	80 (38.3)	25 (8.1)	170 (43.6)
7 - 24 HRS	29 (11.4)	39 (18.7)	42 (13.7)	95 (24.4)
2ND DAY	28 (11.0)	10 (4.8)	75 (24.4)	53 (13.6)
3RD DAY	34 (13.3)	41 (19.6)	139 (45.3)	35 (9.0)
AFTER 3RD DAY	14 (5.5)	8 (3.8)	14 (4.6)	9 (2.3)
NEVER		2 (1.0)	1 (0.3)	6 (1.5)

MILK FEEDING	1	2
BREAST ONLY	224 (87.5)	179 (85.2)
ARTIFICIAL ONLY	3 (1.2)	8 (3.8)
BREAST+ARTIFICIAL	27 (10.5)	22 (10.5)
OTHER	2 (0.8)	1 (0.5)

	3	4
BREAST FED BABY	307 (99.7)	387 (98.5)

WHEN WEANING FOOD INTRODUCED	1	2	3	4
STILL MILK ONLY	160 (62.8)	144 (68.9)	205 (66.5)	226 (58.2)
0 - 3 MONTHS	1 (0.4)	-	-	-
4 - 6 MONTHS	27 (10.6)	15 (7.2)	18 (5.8)	44 (11.3)
7 - 9 MONTHS	50 (19.6)	35 (16.7)	50 (16.2)	117 (30.2)
10 - 12 MONTHS	2 (0.8)	1 (0.5)	35 (11.4)	1 (0.3)
OVER 12 MONTHS*	15 (5.9)	14 (6.7)		

* (This referred to women who said that they would introduce weaning food when the child had completed 12 months.)

BABY CAN LEAVE COMPOUND	1	2	3	4
ANYTIME	98 (38.4)	109 (52.2)	12 (4.1)	281 (71.5)
< ONE WEEK	10 (3.9)	2 (1.0)	76 (26.1)	36 (9.2)
1 - 2 WEEKS	11 (4.3)	6 (2.9)	67 (23.0)	14 (3.6)
3 - 4 WEEKS	6 (2.4)	7 (3.3)	55 (18.9)	8 (2.0)
5 - 6 WEEKS	4 (1.6)	2 (1.0)	81 (27.8)	54 (13.7)
AFTER 42 DAYS	124 (48.6)	82 (39.2)		

MOTHER CAN LEAVE COMPOUND	1 (Kohat)	2 (Kurram)
ANYTIME	107 (41.8)	123 (58.9)
< ONE WEEK	9 (3.5)	2 (1.0)
1 - 2 WEEKS	9 (3.5)	9 (4.3)
3 - 4 WEEKS	11 (4.3)	7 (3.3)
5 - 6 WEEKS	4 (1.6)	1 (0.5)
AFTER 42 DAYS	111 (43.4)	67 (32.1)

DO AT HOME FOR DIARRHOEA	1	2
NO CHANGE	3 (1.2)	3 (1.4)
ORS	4 (1.6)	3 (1.4)
ORS + MEDICINES	88 (34.6)	58 (27.6)
ORS + HOME REMEDIES	13 (5.1)	2 (1.0)
MEDS + HOME REMEDIES	61 (24.0)	115 (54.8)
ORS + MEDS + H. REMS	72 (28.3)	13 (6.2)
OTHERS	13 (5.1)	16 (7.6)

HEARD OF ORS	1	2	3	4
YES	211 (83.7)	134 (65.0)	268 (87.6)	375 (95.7)
NO	40 (15.9)	72 (35.0)	38 (12.4)	16 (4.1)

HOW TO PREPARE ORS	1	2	3	4
CORRECT	45 (23.3)	31 (25.4)	139 (46.6)	174 (45.1)
INCORRECT	146 (75.6)	81 (66.4)	159 (53.4)	212 (54.9)
NOT SURE	2 (1.0)	10 (8.2)		

WHO TAUGHT THEM TO PREPARE ORS	1	2
MO IN BHU	20 (10.3)	33 (28.9)
LHV/DAI IN BHU	52 (26.7)	39 (34.2)
PRIVATE DOCTOR	40 (20.5)	17 (14.9)
OTHER (RADIO/RELATIVE)	78 (40.0)	24 (21.1)
NOBODY	5 (2.6)	1 (0.9)

BASELINE SURVEY

ON THE

FEMALE HEALTH WORKER PROGRAMME

IN AFGHAN REFUGEE VILLAGES

NWFP, PAKISTAN.

(1987 / 1988)

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SAVE THE CHILDREN FUND UK
JULY 1990

CONTENTS

1 INTRODUCTION

Following the Russian invasion of Afghanistan in December 1979, Afghan refugees began arriving in Pakistan. Health services for the refugees are provided by the Government of Pakistan/UNHCR and various Voluntary Agencies. In 1984 Save The Children Fund UK introduced a Primary Health Care programme training male Community Health Workers in NWFP.

Within the Afghan Refugee Villages women and children make up 76% of the population. They are the most vulnerable group, restricted by purdah and an exceptionally low literacy rate. Many women do not use the services provided. and in order to reach them a Female Health Worker programme was introduced in Badaber Refugee Village in 1987, and subsequently expanded to Bajaur Agency, Kohat District and Kurram Agency.

Prior to the introduction of the Female Health Worker Programme in NWFP, a survey was performed in each of the four villages of Badeber, Peshawar during November 1987, and in randomly selected refugee villages in Bajaur Agency (May 1988), in Kurram Agency (December 1988) and in Kohat District (December 1988).

2 OBJECTIVE

The objective of the survey was to collect information on the knowledge, attitude and practices of the Afghan women living in refugee villages in NWFP. Women with children under one year were interviewed on the pregnancy, labour and delivery of their last child. This information would be used

- for the ongoing development of the programme to determine the curriculum content and identify priority topics.
- to provide baseline information for future evaluations of the programme.

3 METHODOLOGY

4 i KOHAT, KURRAM AND BAJAUR

In Kohat, Kurram and Bajaur, totals of 255, 210 and 308 women respectively were interviewed. The intended 300 in each District/Agency were not obtained due to shortages of staff.

The survey used the WHO/EPI random cluster sample method. The sampling was based on population data estimates from the Office of the Commissioner for Afghan Refugees, NWFP. The sample consisted of 30 clusters selected from the sampling frame using a

two stage, random start, skip interval clustering method.

The first stage of the sampling procedure identified refugee villages in which clusters would be located. The second stage identified compounds within the clusters to be visited. The clusters were selected as follows. The Refugee Village Administration or the Basic Health Unit was visited to get a map of the village. Usually the villages are divided into blocks, from which a draw was made. The sample site was then located in that block which came out in the draw. For each cluster the number of children below the age of one year whose mothers were interviewed was decided to be ten. In each cluster the initial compound was selected by going to its centre and rotating a pencil. The interviews were started at the compound where the pencil pointed. If there were compounds on both sides of the street then interviews were conducted on both sides. In each compound only the first mother encountered was interviewed.

The interviews were conducted by experienced female field workers, in Bajaur by the UNHCR Survey Team and in Kohat and Kurram by the Health Education Team. The survey was carried out under the supervision of trained staff. Further information on the survey methodology are available on request.

3 ii BADABER

As Save The Children Fund UK is responsible for providing health services in Badaber Refugee Village, it was decided to increase the sample size in Badaber to obtain more reliable information.

A total of 392 women with children under one year of age were interviewed. There are four refugee villages in Badaber. In each village, the centre of the village was determined with the assistance of a map. The direction to the edge of the village was decided by spinning a pencil. The number of compounds on both sides of the street were counted and one number out of the total was randomly selected. This number indicated the house where the survey was to be started. One woman in each compound (the first woman with a child under one year encountered) was interviewed. The interviewer then moved to the next compound as indicated by the nearest front door. A total of 100 women were interviewed in each village.

The survey was carried out under supervision, by the SCF Female Training Team assisted by the UNHCR Health Co-ordinator.

3 iii QUESTIONNAIRES

Questionnaires were designed to provide information on:

The women/child interviewed
    address, age of child, BCG scar present, EPI card.

The last pregnancy
    utilisation of health services, whom seen, Tetanus Toxoid immunisation.

The last labour/delivery
    eating/drinking practices during labour, who attended the delivery, instrument used to cut the cord, applications to the cord, when placenta delivered, any aid given for delivery of the placenta, by whom aid was given, blood loss,

The last postnatal period
    utilisation of services, whom seen, child's first feed, whether colostrum given, when child put to breast, other milk given, when mother/child can leave compound after delivery

General
    ORS - preparation, taught by, prepared by,
    Salt Sugar Solution
        - preparation, taught by, prepared by
    if CHW known, when last visit.

The questionnaire was pre-tested on 50 women before commencement of the survey and necessary changes were made. However, extra questions were added to the survey questionnaire in Kohat and Kurram. Where this is the case no results are given for Bajaur and Badeber. Some of the questions were not fully understood and these results have been excluded from the analysis. Copies of the questionnaires are available on request.

Accidentally two children over the age of one year (one 15-16 mths, one 22-25 mths) were included in the survey, and could not be excluded in the processing of the data.

4 RESULTS

Due to the different survey methodology used and the larger sample size, the results of Badeber cannot be compared to the other three areas.

Where the area is not specified, the results given are an average of the results of Kohat, Kurram and Bajaur with Badeber quoted in brackets afterwards. The processed data of the survey are given in Appendix 1.

No distinction was made between the LHV and the Dai in the BHU as it was realised during pre-testing that the refugee women were

unable to differentiate between them.

In Kohat, Kurram and Bajaur a trained Dai was someone the woman said had received training in Afghanistan, but in Badeber approximately 14 Dais had been trained by SCF in 1983.

Where private doctors are mentioned, these may include paramedical practitioners, pharmacists and shopkeepers as the women refer to all categories as doctors. For this reason private doctors were not included when figures for trained persons are given in the results.

4 i PREGNANCY

ANTE-NATAL CARE

Of the women interviewed, 49.4% (65.8%) consulted somebody during their last pregnancy. Of these women, 62.3% attended the BHU MO/LHV/Dai in Kohat, 29% in Kurram, 72.2% in Bajaur and 94.3% in Badaber.

The most common reason given for consultation during pregnancy was for treatment of perceived illness, 78.3% (34.1%).

TETANUS TOXOID VACCINATION

Of the women interviewed 77.5% (72.7%) had heard of a vaccination during pregnancy.

In Kohat and Kurram, 62.4% and 44.2% respectively were able to produce a Tetanus Toxoid vaccination certificate, of which 24.3% and 9.1% had received two doses, and 1.6% and 0% had received five doses.

4 ii LABOUR AND DELIVERY

LABOUR

During their last labour 54.0% (67.9%) of the women interviewed drank fluids, and 39.7% (28.6%) said that they had eaten food.

DELIVERY

At their last delivery 6.6% (9.4%) of the women had been delivered by a trained attendant. Of these women, 0.9% (1%) had been delivered by the LHV/Dai in the BHU, 3% (4.6%) by a trained Dai, and 2.7% (3.8%) in Hospital. 86.4% (81.1%) of the women had been delivered by untrained persons, and 7% (9.4%) of the women had delivered themselves.

UMBILICAL CORD CARE

A knife was used to cut the umbilical cord in 64.7% (63.4%) of the deliveries, a razor blade in 26.9% (29.5%), and a pair of scissors in 6.3% (6.1%) of the cases.

In Kohat and Kurram, of the untrained persons who attended the deliveries 57.4% and 77.2% used a knife to cut the umbilical cord, 4.3% and 1.6% used a pair of scissors and 37.98% and 15.8% a razor blade.

In Bajaur of the untrained persons who attended the deliveries 69.2% used a knife to cut the umbilical cord, 1.7% used a pair of scissors and 27.8% a razor blade.

In Badaber of the untrained persons who attended the deliveries 69.5% used a knife to cut the umbilical cord, 2.0% used a pair of scissors and 27.4% a razor blade.

In Kohat, Kurram and (Badeber) a substance was applied to the umbilical stump in 30.9%, 48.6% and (33.3%) of the deliveries. In Bajaur a substance was applied in 66.6% of the deliveries.

In Kohat and Kurram of those deliveries where a substance was applied, in 96.2% and 100% of the cases it was applied when an untrained attendant was responsible for the delivery.

DELIVERY OF PLACENTA

In 67.4% (79.1%) of the cases, the placenta was delivered within 30 minutes of the delivery of the baby. 9.2% (5.4%) did not complete the third stage within one hour.

Of the women delivered 80.9% (90%) were not given anything to aid the delivery of the placenta, 8.1% (6.5%) were given an injection, 1.8% (2.2%) tablets and 4.1% (1.1%) traditional medicine.

When the placenta was delivered within 30 minutes of the delivery of the baby, no aid was given in 87.3% (93.9%) of the cases. When the interval was more than one hour, aid was given in 56.3% (38.1%) of the cases.

In Kohat, 89.5% of the injections given and 50% of the tablets, were given by trained persons. In Kurram, family members gave the injections in 50% and the tablets in 60% of the cases, and trained persons gave the injections in 13.6%, and the tablets in 20% of the cases.

In Bajaur 31.6% of the injections given and 57.1% of the tablets, were given by trained persons. In Badeber trained persons gave 45.8% of the injections but none of the tablets.

BLOOD LOSS

The blood loss at delivery was reported as little by 15.2% (16.6%), as normal by 45.5% (47.3%) and as excessive by 39% (36.1%).

In Kohat and Kurram of the persons reporting excessive blood loss, the placenta had been delivered within 30 minutes in 72.2% and 70% of the cases, and within 30-60 minutes in 17.8% and 17.5% of the cases.

4 iii POSTNATAL

POST-NATAL CARE

Of the women interviewed, 29.6% (53.2%) consulted somebody during the postnatal period. Of the women seen in Kohat, 49.4% consulted private doctors, 32.1% consulted the LHV/Dai in the BHU and 9.9% consulted the MO in the BHU.

In Kurram, of the women seen, 61.7% consulted private doctors, 19.1% consulted the MO in the BHU and 10.6% consulted the LHV/Dai in the BHU.

In Bajaur 25.3% consulted the MO in the BHU, 23.2% consulted the LHV/Dai in the BHU and 11.1% consulted private doctors.

In Badeber 42.7% consulted the MO in the BHU, 30.5% consulted the LHVs in the BHU and 4.7% consulted private doctors.

FEEDING PRACTICES

In Kohat and Kurram the breast was the first feed given to the baby in 51.2% and 55.2% of the cases, gur/ghutti in 43.7% and 43.8% and water in 5.1% and 1.0% respectively.

In Bajaur (Badeber) gur/ghutti was the first feed given in 77.6% (44.6%) of the cases, the breast in 22.1% (42.5%) and water in 0.3% (13.0%).

Colostrum was expressed and discarded in 23.4% (22.1%) of the cases.

In Kohat and Kurram the baby was put to the breast within the first 24 hours in 70.1% and 70.8% of the cases. In Bajaur and (Badaber) in 25.7% and (75.1%) of the cases. In Bajaur 45.3% of the babies were put to the breast on the 3rd day.

In Kohat and Kurram 87.5% and 85.2% gave their babies breast milk only. A further 10.5% in each area fed their babies with a combination of breast milk and artificial milk. Of these 10.5%,

28.6% were below 4 months of age. In Bajaur and (Badaber) 99.7% and (98.5%) breast fed their babies but it was not distinguished how many of these complemented with artificial milk.

In Kohat and Kurram respectively, of the 62.8% and 68.9% of the babies who were still being fed milk only, 35% and 36.2% were over 4 months. Of those being given weaning food, this was introduced after 6 months of age in 70.5% and 76.9% of the cases.

4 iv GENERAL

MOBILITY

In Kohat and Kurram 38.4% and 52.2% of babies can leave their compound at any time after delivery, but 48.6% and 39.2% can only leave the compound after 42 days for traditional reasons. In Bajaur only 4.1% of babies can leave their compound at any time, but 69.7% can leave the compound after 1 week.

DIARRHOEA / ORS / SSS

In Kohat and Kurram medicine is included in the treatment of diarrhoea in 87.0% and 88.6% of the cases, and ORS is included in 69.7% and 36.2% of the cases respectively.

In Kohat and Kurram 83.7% and 65% of the women had heard of ORS, and 23.3% and 25.4% could make up the solution correctly. Of the women who had heard of ORS, 10.3% and 28.9% had been taught by the MO in the BHU, 26.7% and 34.2% by the LHV/Dai, 20.5% and 14.9% by private doctors, and 40.0% and 21.1% through the radio or by a relative. Of the women who could make up the ORS correctly 14.5% had been taught by the MO in the BHU, and 31.6% had been taught by the LHV. 80.4% and 69.6% of the women make up the solution in their homes themselves.

In Bajaur and (Badeber) 87.6% and (95.7%) of the women had heard of ORS and of these women 46.6% and (45.1%) could make up the solution correctly.

Of the women interviewed in Kohat and Kurram 21.4% and 10.0% had heard of salt sugar solution, 52.3% in Bajaur, and (72.3%) in (Badeber). 11.4% (13.7%) could make up the solution correctly. Of these women in Kohat and Kurram respectively, 0% and 35% had been taught by the MO in the BHU, 31.1% and 15% by the LHV/Dai, 11.5% and 10% by private doctors and 47.5% and 35% by relatives. 64.4% and 68.4% of the women made up the solution in their homes themselves.

KNOW CHW

In Bajaur and (Badeber) 86.7% and (69.2%) of the women knew their